

TENNESSEE CAMP FOR DIABETIC CHILDREN
Staff Application 2023

Name: _____ DOB _____

M/F _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

E-mail: _____

T-Shirt Size: _____

Parent Contact Name: _____

Parent Contact Number: (in case of emergency): _____

I am interested in one of the following positions at TCDC:

Positions applied for (list top three in order of preference; please list a position in each spot):

1. _____

2. _____

3. _____

If your requested positions are already filled, would you accept an assigned position?

Previous Connection with TCDC: (camper, counselor, friend, etc)

Please tell us a little about your diabetes:

Type 1 Diabetic: Y/N_____ How long?:_____

Food Restrictions:_____

Pump/Shots:_____

Short Acting Insulin:_____ How Much: _____

Long Acting Insulin:_____ How much:_____

Correction Factor: _____ Insulin:Carbs Ratio:_____

Target BG: _____ A1C:_____

Personal Information:

Current **School/Job:**

(If applicable) Year in College/Grade in High School Entering in Fall of 2024

Leadership Positions Held at School:

Extracurricular Activities in School:

Experience in leadership of children:

Experience with diabetes:

Hobbies and special interests:

Swimming ability:

*WSI: _____ *Sr. Life Saving: _____

*Please attach a copy of WSI or Sr. Life Saving, CPR/ First Aid, acceptable from the Red Cross, YMCA or Boy Scouts of America. (**If you are acquiring prior to camp, please send when you have completed certification**)

Do you have any health restrictions that might limit your performance?

If yes, explain:

Previous Work Experience :(please list jobs and dates)

1.

2.

3.

References:

Name

Relationship

Phone

1. _____

2. _____

3. _____

New Staff Questionnaire:

On separate sheet of paper, please explain the following:

1. Why do you wish to work at TCDC?
2. What contributions do you think you can make to these young people's lives?
3. What type of skills could you bring to enhance the camping environment?

All paperwork can be mailed/emailed to the address listed below by **March 1, 2023.**

Leann Miller :)
TCDC Camp Director
416 Sabine St.
Elizabethton, TN 37643

Email: tcdctype1@gmail.com Cell: 423-847-7519

I usually do better by phone call or text- Leann :)

Staff Rules

1. TCDC is a two-week commitment. I am committing to work from:
Friday, June 16 through Saturday, July 1, 2023.
2. I have read, understand, and signed the Anti-Bullying Policy enlisted by the Board of Directors. As a staff member of TCDC, I will ensure I am proactive in the commitment TCDC has made to prevent bullying at TCDC.
3. No trips off site will be allowed unless at the request of the director. TCDC will provide you with a list of items you will need while at camp. You should have no reason to leave the premises.
4. ALL staff members will be in their assigned cabin by 11:00 p.m. For a staff member to properly handle their job each day, a good nights rest is needed. To enjoy two full weeks at TCDC, you will need your rest.
5. Cars are to remain in the upper parking lot AT ALL TIMES. When you arrive at camp, park your car. When camp is over, use it then. You do not have any need to be driving at camp, and since you are not going into town on your day off, you will not need to use it. The Street family has requested that medical staff also leave vehicles in the parking lot, not at the infirmary.
6. TCDC is an “unplugged” environment. Cell phones are to be used only in the evenings. Your calls are to be made while on your evening off. PLEASE do not let the campers know you have a cell phone at camp. Please refrain from posting on Facebook, Twitter, Instagram, or other social media during the two weeks unless asked by the Director to do so. Any use of cell phone by staff or campers at non-designated times will result in the storage of cell phones with the director.
7. Practical jokes or pranks are not permitted during the camp session due to the risk of injury. Any counselors that is encouraging jokes or pranks will be asked to leave camp.
8. Group leaders will participate with their assigned group in ALL activities throughout the day unless the leader has a medical excuse. (i.e. Group leader will be in swimsuit at the pool during instructional swim ready to help the swimming staff when needed, participation in athletics and mountain bikes). If leader does not participate 100% in activities it could deter hire the following year.
9. NO VISITORS!! Visitors are welcome at closing ceremonies or by approval of the Director. If any visitors arrive unexpected, they will be asked to leave
10. NO SMOKING on campgrounds. ABSOLUTELY NO ALCOHOL OR DRUGS AT CAMP. Anyone breaking these rules during their commitment to TCDC will be escorted off the premises immediately.

By signing below, you agree to follow these rules. Please include your signed copy of this sheet with your application.

Staff Applicant Signature: _____ Date: _____

Parent or guardians: _____ Date: _____

Bullying Policy

Tennessee Camp for Diabetic Children is committed to a safe and healthy educational environment for all our campers and staff that is free from harassment, intimidation or bullying.

Tennessee Camp for Diabetic Children will not tolerate behavior that is harmful to campers or staff members or other adults present during the camp session. TCDC has a zero tolerance policy regarding physical aggressive bullying or behavior. Any camper who commits an act of physical aggression against another camper or adult or self will be immediately taken to Director to determine the severity of the incident. Parents will be notified by the director concerning the determination by the staff if the camper remains at camp or is removed from camp.

All incidents of bullying will be documented by any staff involved with the child(ren) who are part of the incident. The parents will be notified at each incident. On the third incident involving the same person doing the bullying, the determination will be made by Director and administrative staff if the child should be sent home or refused future admission to TCDC or both.

Parents will be notified under the following circumstances:

1. A camper endangers the lives of others or self.
2. A camper consistently disregards staff instruction or breaks camp rules.
3. A camper is involved in an extraordinarily verbal, written, or physical altercations with another camper.

Behavior Agreement

Staff agrees:

- To follow all camp rules.
- To treat campers and adults with respect.
- To show respect for camp equipment and the property of others.
- To use appropriate language at all times.
- To follow the standards set forth in the anti-bullying policy.
- To show courteous and respectful behavior consistently.
- To arrive and remain at camp with a positive attitude.
- To work with counselors and other campers to create a safe and welcoming camp.
- To ask help from an adult to solve conflict(s) in a positive manner.

I understand that doing intentional harm or bullying another camper, either physically or emotionally, my result in my dismissal from camp this session as well as refusal for re-admissions to camp in the future.

Staff's Signature

Date

Medical Profile

*** All Type 1 staff members are required to complete meal sheets required by Medical Staff which include logging blood sugars, carbohydrate count, and insulin injections in the Medical Staff iPads. Staff members under the age of 18 will report to Medical Staff for any medications***

Staff Information

Name _____

M/F _____

Address _____

City _____ State/Zip _____

DOB _____ Age _____

Emergency Contact

Name

Home Phone

Cell Phone

Work Phone

Relation to

staff: _____

Insurance Information (include a copy of your insurance card)

Name of Insured:

Employer:

Insured SS#:

Insurance Company:

Policy #:

—

Group #:

—

Allergies/Food Restrictions

Drugs/Food/Other

Doctor & Immunization History

Doctor: _____

Doctor Phone # _____

Are immunizations current? _____

Date of Last Tetanus Shot: _____

Date of Covid 19 Vaccination _____

Medication (List all medications that you will be taking)

Medication	Dosage	Frequency
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Reason for drug

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A full medical form to be filled out by current doctor.